## VERIFICATION OF RESIDENCY STATEMENT NOTARY FORM

	NOTA		
Nam	e of Family:		
		Name, First Name)	
	Name(s) of Children atter	nding Waiākea High School	:
_	.,	Grade_	
_		Grade _	
-		Grade _	
I,	(Dript Last Namo First Namo)	the o	owner/resident of
	(Philt Last Name, First Name)		
(Street Number)	(Street Name)	(City)	(Zip Code)
use of the address o	nformation or document, either wr f another person without actually i ation on a government agency app	residing there may result in revo	cation of student
Signature:		Date:	_

Notary Public

My Commission expires: \_\_\_\_\_